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Effective on 12/08/2004.					Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					on Number	10/549,2	0/549,245			
FEE TRANSMITTAL					Filing Date		September 12, 2005			
	For FY	2007	•	First Nan	ned Inventor	Hart et a				
Applicant claims small entity status. See 37 CFR 1.27					Examiner Name		Ramesh Krishnamurthy			
						3753				
TOTAL AMOUNT OF PAYMENT (\$) 0				Attorney	Attorney Docket No. SMB-P			T158 (PC 03 560 B US)		
METHOD OF F	PAYMENT (chec	k all that a	ipply)							
Check X	Credit Card	Money	Order No	one $\square$ O	ther (please id	entify):				
Deposit Account Deposit Account Number: 22-0493 Deposit Account Name: Volpe and Koenig, P.C.										
For the at	oove-identified dep	osit accour	t, the Director is h	ereby author	ized to: (checl	k all that ap	ply)			
Cha	arge fee(s) indicate	ed below			Charge fee(s	) indicated l	below, <b>exc</b>	ept for the filing fee		
	arge any additiona		inderpayments of	fee(s)	Credit any ov	· ·erpavment	s			
WARNING: Informa	der 37 CFR 1.16 au ation on this form ma athorization on PTO-	ay become	oublic. Credit card i	nformation sh				ovide credit card		
FEE CALCULA		2000.								
1. BASIC FILIN	IG, SEARCH, A	ND EXAM	INATION FEES							
		NG FEES	SEA	RCH FEES		MINATION				
Application 1	Гуре <u>Fee (</u>	Small E \$) Fee		<u>Small Eı</u> ( <u>\$)                                    </u>			Entity (\$)	Fees Paid (\$)		
Utility	300	150	500	250	20	$0 \overline{10}$	0			
Design	200	100	100	50	13	0 6	5			
Plant	200	100	300	150	16	0 8	0			
Reissue	300	150	500	250	60	0 30	0			
Provisional	200	100	0	0		0	0			
2. EXCESS CLAIM FEES See 1 Small Entity Fee (\$) Fee (\$)										
Fee Description Each claim over 20 (including Reissues)						-	50	25		
Each independent claim over 3 (including Reissues)							200	100		
Multiple dependent claims							360	180		
Total Claims	Extra (		<u>Fee (\$)                                  </u>	ee Paid (\$)				pendent Claims		
	20 or HP = mber of total claims p	<b>x</b> aid for, if gre	= ater than 20.			<u>!</u>	Fee (\$)	Fee Paid (\$)		
Indep. Claims	Extra (			ee Paid (\$)		_				
	or HP = nber of independent o	X	r if greater than 3							
3. APPLICATION	ON SIZE FEE	·								
	ation and drawin									
	raction thereof.					or small en	itity) for e	each additional 50		
Total Sheet	<u>ts Extras</u>	<u>Sheets</u>	Number of ea	ach addition	al 50 or fracti	ion thereof	Fee (	<u>\$)</u> <u>Fee Paid (\$</u>	Ĺ	
	100 =		50 =	(round <b>u</b>	to a whole n	umber) x		=	-	
4. OTHER FEE	(S) h Specification,	\$130 fe	e (no small entit	v discount)				Fees Paid (	<u>\$)</u>	
Č	late filing surch		(iii) siimii ciini	, anscount)					-	
	in i							-	<u> </u>	
SUBMITTED BY	/December 1997	,		Registratio	n No		Telephon	2015 500 5155		
Signature	<del>•</del>				Registration No. (Attorney/Agent) 34,626			Telephone 215-568-6400  Date August 2, 2007		
lame (Print/Type)	Randolph J. Huis						Date Aud	ust 2, 200/		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.